



## SHORT-TERM SPECIAL USE PERMIT APPLICATION

File No.: \_\_\_\_\_

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

**Incomplete Applications May Not Be Accepted**  
**Process May Be Delayed Pending Submittal of Required Information and Fees**

**Applicant:** \_\_\_\_\_

**Applicant's Interest** in property (own, lease, etc.): \_\_\_\_\_

**Letter of Authorization** from owner, if other than applicant, **must be attached.**

**Project Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_ **Property/Parcel ID #:** \_\_\_\_\_

CONTACT PERSON/AGENT	OWNER OF RECORD
NAME:	NAME:
ADDRESS:	ADDRESS:
CITY/STATE/ZIP:	CITY/STATE/ZIP:
TELEPHONE:	TELEPHONE:
FAX:	FAX:
E-MAIL:	E-MAIL:

**Zoning District:** \_\_\_\_\_ **Acreage:** \_\_\_\_\_

**Legal description of property:** (use either metes and bounds, or subdivision/block/lot descriptions)

\_\_\_\_\_ or **PROVIDE LEGAL DESCRIPTION ATTACHMENT**

**Current Use** of Property: \_\_\_\_\_

**Proposed Use** of Property: \_\_\_\_\_

**Site Plan** indicating property lines, setbacks, and adjoining structures **must be attached.**

**Time Period Requested For:** \_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Proposed Parking Facilities:** \_\_\_\_\_

**Estimated Vehicles** per hour \_\_\_\_\_ **Estimated People** per hour \_\_\_\_\_

**Proposed Sanitary Facilities:** \_\_\_\_\_

**Health Inspection Certificate** (where applicable) **must be attached.**

\_\_\_\_\_  
(Applicant/Authorized Agent Signature)

APPROVED ☐

DENIED ☐

\_\_\_\_\_  
Codes Official

\_\_\_\_\_  
Date